

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155329		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 01/07/2013	
NAME OF PROVIDER OR SUPPLIER ROSEWALK VILLAGE AT INDIANAPOLIS				STREET ADDRESS, CITY, STATE, ZIP CODE 1302 N LESLEY AVE INDIANAPOLIS, IN 46219			
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F0000	<p>This visit was for the Investigation of Complaint IN00121193.</p> <p>Complaint IN00121193-Substantiated. No deficiencies related to the allegations are cited.</p> <p>Unrelated deficiency cited.</p> <p>Survey Date: 1/7/2013</p> <p>Facility number: 000222 Provider number: 155329 AIM number: 100274950</p> <p>Survey Team: Courtney Mujic, RN- TC Beth Walsh, RN Karina Gates, Medical Surveyor</p> <p>Census Bed Type: SNF: 11 SNF/NF: 144 Total: 155</p> <p>Census Payor Type: Medicare: 48 Medicaid: 78 Other: 29 Total: 155</p> <p>Sample: 3</p>		F0000	<p>The creation and submission of this Plan of Correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation. This provider respectfully requests that this 2567 Plan of Correction be considered the Letter of Credible Allegation of Compliance and requests a desk review in lieu of a post survey review on or after January 21, 2013.</p>			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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	<p>This deficiency reflects state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review 1/11/13 by Suzanne Williams, RN</p>						

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F0441 SS=D	<p>483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS</p> <p>The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.</p> <p>(a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections.</p> <p>(b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>Based on observation, interview, and record review, the facility failed to</p>			F0441	<p>F441 Infection Control 1. ACTIONS TAKEN: All staff</p>		01/21/2013

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	<p>ensure necessary precautions were taken to prevent the potential spread of C-Difficile for 1 of 3 residents reviewed in contact isolation. (Resident #B)</p> <p>Findings include:</p> <p>The clinical record for Resident #B was reviewed on 1/7/2013 at 12:00 p.m. Diagnoses for Resident #B included, but were not limited to, hypertension, and obesity.</p> <p>A lab report dated 12/17/2012 indicated Resident #B had a positive result for C-Difficile Antigen/Toxin.</p> <p>On 1/7/2013 at 12:35 p.m. CNA #1 was observed to touch Resident B's blanket and call light with bare hands, without wearing a gown or gloves. CNA #1 did not wash her hands prior to leaving Resident B's room. A contact isolation sign was on the resident's door.</p> <p>An interview on 1/7/2013 at 1:30 p.m. with Unit Manager #2 indicated no MD order is required to put a resident in contact isolation. The resident is placed in contact isolation immediately when symptoms of C-Difficile appear.</p>				<p>(including all ancillary departments) have been inserviced on proper contact isolation procedures. All staff have been given a copy of the facility's policy regarding proper contact isolation procedure. Resident #B showed no signs or symptoms of being affected by the alleged negligent practice. Resident #B is receiving care following facility infection control policy and procedure.</p> <p>2. OTHERS IDENTIFIED: A. All residents in contact isolation could potentially be affected. All staff (including all ancillary departments) have been inserviced on proper contact isolation procedures. All staff have been given a copy of the facility's policy regarding proper contact isolation procedures.</p> <p>3. MEASURES PUT IN PLACE: All staff were inserviced on or before 1/21/13 by the staff development coordinator regarding proper contact isolation procedures. All staff (including all ancillary departments) have been inserviced on proper contact isolation procedures. All staff have been given a copy of the facility's policy regarding proper contact isolation procedures. DNS/ designee will make rounds daily/ all shifts to ensure staff are following policies and procedures for infection control and isolation rooms.</p> <p>4. HOW MONITORED: DNS/Designee will observe 5</p>		

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	<p>On 1/7/2013 at 2:10 p.m. an interview with the Director of Nursing indicated staff should wear gown and gloves if they are going to touch an isolated resident's blanket or call light.</p> <p>A policy, provided by the Director of Nursing on 1/7/2013 at 1:13 p.m. and reviewed on 1/7/2013 at 1:20 pm., indicated, "Transmission-based precautions: Contact precautions: use for resident(s) with known or suspected infection(s) or evidence of symptom(s) related to infection(s) that have not been confirmed but may be associated with the spread of infection(s). Gloves: Wear gloves whenever touching resident's skin or surfaces close to resident. Remove gloves (according to procedure.) Perform hand hygiene. Use of personal protective equipment-gown: Put on gown upon entry to room/cubicle. Gown protects clothing from potential contamination from direct contact with resident, environmental surfaces or equipment. Remove gown (according to procedure), ensure that clothing or skin do not contact potentially contaminated areas. Perform hand hygiene."</p> <p>3.1-18(b)(1)</p>				<p>contact isolation procedures per week for 30 days. DNS/ designee will then observe 2 contact isolation procedures per day for 5 months, for a total of 6 months. ED/Designee will review all audits as completed. All audits and proficiencies will be reviewed in the monthly CQI meeting for review and follow up. If a 95% threshold is not met, an action plan will be initiated. See attached audit. 5. This plan of correction constitutes our credible allegation of compliance with all regulatory requirements. Our date of completion is January 21 st , 2013.</p> <p>This facility respectfully requests the plan of correction be considered the letter of credible allegation and requests a desk review on or after 1/21/13.</p>		

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